

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH
County Linn
Township ~~Deane Creek~~
or
Village _____
or
City Linneus

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
23518 22048
Registration District No. 501 File No. _____
Primary Registration District No. 4304 Registered No. 9
(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Laura Geraldine Hutchison

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH May 19 1833.
(Month) (Day) (Year)

AGE 79 1 14
yrs. mos. ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country) New York

PARENTS
NAME OF FATHER James Graves
BIRTHPLACE OF FATHER New York
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Lovelace
BIRTHPLACE OF MOTHER New York
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ira Mc Daniels

(ADDRESS) Linneus, Mo.

Filed July 4 1912 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 2, 1912, to July 3, 1912, that I last saw her alive on July 2, 1912, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:

Angina

71 E

162

(Duration) 1 yrs. 10 mos. ds.

Contributory Coronary Disturbance
(SECONDARY) (Duration) 1 yrs. 10 mos. ds.

(Signed) P. O. Home M. D.
July 3, 1912 (Address) Linneus

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 1 yrs. 10 mos. ds. In the State 1 yrs. 10 mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Grantsville Cemetery DATE OF BURIAL 7/4/12., 1912

UNDERTAKER V. C. Traverse ADDRESS Linneus Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as, "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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| MISSOURI STATE BOARD OF HEALTH | | BUREAU OF VITAL STATISTICS | |
|---|---|---|--|
| PLACE OF DEATH | | CERTIFICATE OF DEATH | |
| County <u>Linn</u> | Registration District No. <u>501</u> | File No. <u>23518</u> | |
| Township <u>Linn</u> | Primary Registration District No. <u>4304</u> | Registered No. <u>9</u> | |
| City <u>Linn</u> | St. <u></u> | Ward <u></u> | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| FULL NAME <u>Laura Geraldine Hutchison</u> | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
| SEX <u>female</u> | COLOR OR RACE <u>white</u> | DATE OF DEATH <u>July 3</u> , 191 <u>2</u> | |
| SINGLE <u>widowed</u> MARRIED WIDOWED OR DIVORCED (Write the word) | | (Month) (Day) (Year) | |
| DATE OF BIRTH <u>May 19</u> , 18 <u>33</u> | | I HEREBY CERTIFY, that I attended deceased from <u>July 2</u> , 191 <u>2</u> , to <u>July 3</u> , 191 <u>2</u> , that I last saw her alive on <u>July 2</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>3.30 a</u> m. | |
| AGE <u>79</u> yrs. <u>1</u> mos. <u>14</u> ds. | | If LESS than 1 day, <u></u> hrs. <u></u> min. or <u></u> min. | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u></u> | | The CAUSE OF DEATH* was as follows: <u>Anemia</u> | |
| BIRTHPLACE (City or town, State or foreign country) <u>New York</u> | | (Duration) <u></u> yrs. <u></u> mos. <u></u> ds. | |
| PARENTS | NAME OF FATHER <u>James Graves</u> | Contributory (SECONDARY) <u></u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>New York</u> | (Duration) <u></u> yrs. <u></u> mos. <u></u> ds. | |
| | MAIDEN NAME OF MOTHER <u>Lovelace</u> | (Signed) <u>L. O. Home</u> M. D. | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>New York</u> | July 3, 191 <u>2</u> (Address) <u>Linn</u> | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. | |
| (Informant) <u>Sis M. Daniels</u> | | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) | |
| (ADDRESS) <u>Linn</u> | | At place of death <u></u> yrs. <u></u> mos. <u></u> ds. In the State <u></u> yrs. <u></u> mos. <u></u> ds. | |
| Filed <u>Sept 19 1912</u> | | Where was disease contracted If not at place of death? | |
| REGISTRAR <u>W. C. Traverre</u> | | Former or usual residence <u></u> | |
| Original file, date <u>JUL</u> , 19 <u>12</u> | | PLACE OF BURIAL OR REMOVAL <u>Grantville Cem.</u> | |
| | | DATE OF BURIAL <u>7-4</u> , 191 <u>2</u> | |
| | | ADDRESS <u>Linn</u> | |

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)